



Department of Community Development, P. O. Box 427, Herndon, Virginia 20172-0427

APPLICATION FOR A ZONING APPROPRIATENESS PERMIT

**For a New, Renamed or Relocated Non-Residential Use
(excluding home-based businesses and multi-family developments)**

Submittal of this form with **original signatures is required. PLEASE PRINT OR TYPE** (Unless otherwise indicated.)

Business Name: _____

Are you an independent contractor working for another business owner? ☐ No ☐ Yes If yes, please enter name of owner and business _____

Address of the Subject Property (including suite #): _____

Description of the Proposed Use: _____

Estimated Floor Area of Business Use: _____

Number of Employees: _____ For Restaurant Uses -- Number of Seats: _____

Are any site alterations or any alterations to the building's exterior or interior planned or underway in connection with this use (or were any alterations done)? ☐ No ☐ Yes Please describe: _____

If relocating, address of premises being vacated: _____

Name and Title of Business Owner (Applicant): _____

Mailing Address: _____

E-mail address

Telephone #

FAX #

The undersigned hereby applies for a Zoning Appropriateness Permit under the provisions of § 78-202.10 of the Herndon Town Code.

I hereby affirm and certify that:

- The information provided on this form is true and correct to the best of my knowledge.*
- The requirements associated with this application have been read and are understood.*
- The use and occupancy of buildings and/or the use of land noted above is in conformance with all provisions of the Town of Herndon, Virginia Zoning Ordinance regulations to the best of my knowledge.*

**OCCUPANCY APPROVAL SUBJECT
TO A FINAL INSPECTION BY THE
FAIRFAX COUNTY FIRE MARSHAL
CALL 703-246-4849 TO SET UP
OCCUPANCY INSPECTION**

Signature of Business Owner (Applicant)

Date

APPLICATION FOR ZONING APPROPRIATENESS PERMIT – continued

Name and Title of Property Owner or Agent: _____

Mailing Address: _____

E-mail address

Telephone

FAX #

Signature and Authorization of Zoning Administrator

Date

Date of expiration if business is not opened or if Business License is not approved (six months from date of approval): _____

Date

Comments:

For Office Use Only:

Application Received by:	Date:
Tax Map Reference:	Zoning District:
Business and Occupational License #:	Status of Taxes: <input type="checkbox"/> Paid <input type="checkbox"/> Delinquent
<input type="checkbox"/> New Business <input type="checkbox"/> Renamed Business <input type="checkbox"/> Relocation	<input type="checkbox"/> Other

**No fee required for this application*

- ☐ Educational
- ☐ Government facilities
- ☐ Institutional/Community Service
- ☐ Restaurant
- ☐ Offices

- ☐ Indoor or Outdoor Entertainment
- ☐ Personal Service
- ☐ Retail
- ☐ Vehicle Sales/Services
- ☐ Lodging
- ☐ Commercial Utilities

- ☐ Industrial Services
- ☐ Light Manufacturing
- ☐ Self Service Storage
- ☐ Transportation/Parking
- ☐ Warehousing
- ☐ Wholesale Sales

**Distribution
after
approval:**

Applicant

Community
Development

Fire
Department

Finance